

Broker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/070309		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
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46	1												
47													
48													
49													
50													
TOTAL IND.	8												
TOTAL DEP.	37												
TOTAL CLAIMS	45												
*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS													